

DEPARTMENT/DIVISION/PROJECT \_\_\_\_\_

QA CLASSIFICATION: ☐ A1 (CRITICAL/HIGH) ☐ A2 (MAJOR/MODERATE) ☐ A3 (MINOR/LOW) ☐ A4 (NEGLIGIBLE)

PART NAME:	
PART NO.:	REV.:
PREPARED BY:	DATE:
VENDOR:	P.O. NO.:
QTY. RECD.:	DATE RECD.:

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Inspection/Test Data Attached (Data Sheet To Include: Part Name, Part No., Date, & Sheet \_\_\_\_\_ of \_\_\_\_\_)

ITEM	CHARACTERISTIC/REQUIREMENT	INSP. / REJ.	INSPECTOR'S SIGNATURE/LIFE #	DATE
1		/		
2		/		
3		/		
4		/		
5		/		
6		/		
7		/		
8		/		
9		/		

Record all nonconformances for each item on page 2 of ITR.

QTY. Accepted. \_\_\_\_\_ Serial (LOT) NOS Accepted \_\_\_\_\_

## MEASUREMENT AND TEST EQUIPMENT RECORD

DESCRIPTION	MODEL NO.	SERIAL NO. /BNL NO.	MFG. NAME	CALIBRATION DUE DATE	* RESP. IND. SIG. (IF REQD.)

\* Responsible Individual concurrence is required if M&TE is not calibrated, out of calibration, or not in calibration system.

## NONCONFORMING REPORT

ITEM/SER. NO.	DESCRIPTION	** DISPOSITION CODE	RESP. IND. SIG. & DATE

\*\*CODES: UAI (Use as is); RTV (Return to Vendor); RWK (Rework); Repair; Scrap

If nonconforming item is A1 or A2 and disposition is Repair, RTV, RWK, Scrap or UAI, provide additional concurrence below:

QA (if reqd.) _____	DATE _____	OTHER (if reqd.) _____	DATE _____
COMMENTS: _____			